

ACKNOWLEDGEMENT AND DISCLOSURE

I, _____ (name of the Representative of the Applicant), the Representative of an Applicant for a Non-Gaming and Non-Sports Wagering Vendor Certification, understand and acknowledge with my initials and signature the following:

I, _____ (name of the Representative of an Applicant), am applying for a Non-Gaming and Non-Sports Wagering Vendor Certification on behalf of the Vendor Applicant ("Applicant") _____ (name of the Vendor Applicant). The Applicant cannot conduct business with a Maryland Sponsoring Entity as described in Section A.1 of this Application unless the Commission approves the Applicant. The Applicant must meet and maintain the legal requirements for approval, to include continuous Maryland SDAT compliance. The Commission, through its employees, agents and vendors, is required by law to conduct an investigation into the suitability of an Applicant for a Non-Gaming and Non-Sports Wagering Vendor Certification. Initials_____

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if Applicants meet the eligibility and qualification requirements for certification. The background investigation will include, but not be limited to, information or reports about the Applicant's: character; general reputation; personal characteristics, including honesty and integrity; financial stability; debts to State agencies; criminal records, records of involvement with federal, state or other law enforcement agencies as specified in the application, or record of involvement with any litigation. As a representative, I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of the Applicant's rights under federal credit reporting law. Initials_____

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about the Applicant to evaluate their eligibility for approval. I acknowledge that this disclosure and authorization remain in effect during the time the application is pending and for the duration of any Non-Gaming or Non-Sports Wagering Certification that I may be granted. Initials_____

By separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Applicant that I represent, to release that information to the Commission for purposes of its investigation of an Applicant for a Non-Gaming and Non-Sports Wagering Vendor Certification. Initials_____

Signature of Individual Completing Form

Date

Printed Name

Title

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____